



BASEBALL HEROES SPECIAL NEEDS PROGRAM!

ENCOURAGEMENT—TEAM WORK—NEW FRIENDSHIPS

A recreational program that will accommodate children/young adults with special needs and / or disabilities!

- REGISTRATION:** March 6– April 11, 2019
-In Person at the Peltier Park Recreation Center (Mondays—Fridays)
-Mail entries to PO BOX 5418
-Online Registration Available at www.ci.thibodaux.la.us
- OFFERED TO:** Boys & Girls Ages 6 & Up (Co-Ed Teams)
- SEASON:** June 2019 (1 Game Per Week– A Total Of 3 Games)
- LOCATION:** Peltier Park
- Fee:** FREE OF CHARGE!!



Would you like more information on coaching, sponsoring a team, or become a “buddy volunteer”?

Please feel free to give the City of Thibodaux Recreation Department a call or visit the City’s website for more details!



REGISTRATION FORM

BASEBALL HEROES

A SPECIAL NEEDS PROGRAM - BOYS & GIRLS 6 & UP

PLAYER INFORMATION:		<input type="checkbox"/> FIRST TIME PARTICIPANT (check box if "YES".)	<input type="checkbox"/> ADDRESS CHANGE (check box if "YES".)
LAST NAME:	FIRST:	MIDDLE INITIAL:	
DATE OF BIRTH:	AGE (AS OF 7/31/19):		
ADDRESS:	CITY:	ZIP:	
SHIRT SIZE:	YOUTH SIZES: <input type="checkbox"/> YXS (2-4) <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16)	ADULT SIZES: <input type="checkbox"/> AS (34-36) <input type="checkbox"/> AM (38-40) <input type="checkbox"/> AL (42-44) <input type="checkbox"/> AXL (46-48) <input type="checkbox"/> A2XL (50-52)	
LIST ANY MEDICAL PROBLEMS OF THE PLAYER:			
DOCTOR TO NOTIFY FOR EMERGENCY:		PHONE:	
PERSON TO NOTIFY FOR EMERGENCY:		PHONE:	

PARENT / GUARDIAN INFORMATION	
PARENT 1:	<input type="checkbox"/> I agree to receive text messages from the City of Thibodaux.
NAME:	
CELL:	() list service provider to receive text
HOME:	<input type="checkbox"/> ()
WORK:	<input type="checkbox"/> ()
E-MAIL:	
PARENT 2:	<input type="checkbox"/> I agree to receive text messages from the City of Thibodaux.
NAME:	
CELL:	() list service provider to receive text
HOME:	<input type="checkbox"/> ()
WORK:	<input type="checkbox"/> ()
E-MAIL:	

CODE OF CONDUCT
Code of conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux.
<ol style="list-style-type: none"> No alcoholic beverages or illegal drugs are permitted on the premises (buildings, playgrounds, parking lots, and on and near football fields). All participants -- players, parents, coaches, and sponsors -- should behave in a polite and sportsmanlike manner and respect the authoritative decision of an official. Abusive language and cursing is prohibited. No one shall hit another person before, during, or after activity. No one shall deliberately damage Recreation Department equipment. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.

VOLUNTEER COACHING & VOLUNTEER BUDDY	
WOULD YOU LIKE TO VOLUNTEER COACH?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.	
NAME:	<input type="checkbox"/> HEAD COACH <input type="checkbox"/> ASSISTANT COACH
PHONE: ()	SHIRT SIZE:
COMMENTS: _____	
WOULD YOU LIKE TO BE A "BUDDY"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.	
NAME:	
PHONE:	
COMMENTS: _____	

PARENTAL AUTHORIZATION
<p>I, parent or guardian of the above-named candidate for a position in above-mentioned baseball special needs program, hereby give approval to his/her participation in any and all league activities during the current season to include practice prior to season and tournament participation after current season. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, governing board, the organizers, sponsors, referees, supervisors and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.</p> <p>I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medial clinic should the individual become ill or injured while participating in league activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.</p>
Signature of Parent or Guardian
Print or Type Name of Parent or Guardian
Relationship _____ Date ____/____/____

For more detailed information on coaching, becoming a "buddy", or if you would like to sponsor a team, please contact the Recreation Department at 985-446-7235

PAYMENT DETAILS:	
NO PAYMENT REQUIRED FREE OF CHARGE MAIL REGISTRATION TO: Parks & Recreation Department P.O. Box 5418 Thibodaux, Louisiana 70302	Registration Deadline: <p style="text-align: center;">Thursday April 11, 2019</p>

TREC OFFICE USE ONLY: (Please do not write below this line).			
AMOUNT PAID: \$ _____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>
	No. _____	Type: _____	
ACTIVENE		Mail Rec'd	Date: _____